

United States Department of Agriculture **Radiation Safety Program**

Radiation Worker Registration (RSS-10)

Privacy Act Notification	the USDA Radiation S approval to obtain and be disclosed to approp	nergy Act of 1954, Safety Committee to I use radioactive moriate investigative a untary. However, i	as amended. The report of evaluate an individual aterials or x-ray proagencies in the every f withheld, Commit	emaining information is requested by dual's qualifications incident to the oducing equipment. Information may nt of a radiation accident. Furnishing ttee approval to procure and use					
General Information		Radiation Worker Registration form must be completed by each individual who is ng to use radioactive materials or radiation emitting equipment.							
Name of Permit Holder	•	the space below, record the name of the individual who has been issued the Radiation ource Use Permit and for whom the person named below will work.							
*Name (Last, F	*Name (Last, First, MI)		Use Permit No.						
*(If this is a ne	ew application, leave thi	s space blank)							
Individual In	formation								
Name (Last, Fi	rst, MI):								
Work Telepho	PNo: Fax No:								
Email Address	:								
Facility Infor	mation								
Agency:									
Facility/Labora	ntory Name:								
Address:									
City		State		Zip					

ormal Educat	ion hest educational level					
idicate your mgi	nest educational level					
High School	Some College	B.S./B.A	M.S	Ph.D	M.D	
Major Field(s) of	f Study:					
Other Education	on					
	ng classes, courses, or	on the job trainin	ig you have re	eceived releva	ant to radioactive	materials use a
adiation emitting						
Training and E	Experience					
	ee of training and expe	rience vou have i	n each area li	sted below. In	nclude an estimate	e of the numbe
lassroom hours of						
Principles of Rac	liation Protection					
1						
Radiation Measu	rement Techniques					
Mathematical Ap	oplications of Radiatio	n and Radioactivi	ty			
•	. •					
Biological Effect	s of Radiation					
Signature:			Date:			
			1			

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